



Maternal Complications During Caesarean Section : Study of 50 Cases

KEYWORDS

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ABSTRACT

OBJECTIVE : To study the obstetrics outcome of caesarean section and associated factors which leads to complication during caesarean section. To evaluate reasons for the continued increase in caesarean section rates and study the effect of elective and emergency caesarean section on maternal outcome.

METHOD : This study was carried out by our institute VSGH during the month November 2014. 50 patients delivered by caesarean section were included in this study.

RESULT : Most common indication for caesarean section was a patient with previous caesarean section . Most common complication associated was post operative wound infections seen in about 6% cases. Maternal mortality associated with this study was 0%.

CONCLUSION : Most often the nature of caesarean section whether performed electively or as an emergency depends on the indication of the procedure. Thus when it is performed electively , the chances of morbidity complicating the procedure is much less as compared to an emergency condition. Hence , improvement of regular antenatal visits , nutritional status , personal hygiene , sanitation and education levels improve the caesarean section technique thus reducing complications.

INTRODUCTION

The word caesarean originates From lex caesarea(the Kings law) of the time of numa pomphilus 716 bc, which said that before burial of mother,child is to be removed from womb.

Latin word 'to cut' or caedre is another origin attributed to.

Woman surviving cesarean was first reported in 1500 where Jacob nufer had performed this on his own wife.

Term caesarean section was first used by james guillimeau in 1598.

HISTORICAL PERIODS IN CESEREAN DELIVERY:

- 1)<1500 B.C caesarean was done on dead or dying woman to save the child
- 2)1500-1876AD:Where caesarean was done as a desperate measure where all others measure failed.
- 3)till 1907:porro introduced technique of amputating the body of uterus and fixing the cervical stump to the lower angle of abdominal wound.
- 4)1907 – present

WHO recommendations for caesarean section rate is 10-15 %.

In the recent year there is a steady increase in the rate of caesarean sections performed . According to the analysis of New Jersey birth records , the rates of c section have increased from 27% in 1999 to 36% in 2009 . The average annual rate of increase in caesarean section is about 6%. Per year. In this study the rate of caesarean section is 41%.

Risk of certain peripartum complications have increased during this procedure like hysterectomy , embolism , an-aesthetic complications , post op infections etc ...

Hence the present study analyses the indication and complications during caesarean section with maternal outcome.

MATERIALS AND METHODS.

This study was carried out in our institute in the month NOV 2014. 50 patients were included in this present study.

Patients data was collected depending on age and parity of the patient , nature and indication of caesarean section , whether performed as an elective or emergency condition , intraoperative , post operative complications and maternal and fetal outcome. 32 (64%) cases were of emergency condition and 18 (36%) cases were of elective caesarean section. The most common indication for elective caesarean section was previous caesarean section .

RESULTS

In this study 50 cases of caesarean section were performed with regards to intraoperative and post operative complications. The caesarean rate during this study was 41%.

TABLE 1

Age (in yr)	No. of patients	% of patients
<25yr	27	54%
25-34yr	21	42%
>35yr	2	4%

Overall 27 (54%) cases were carried out in the age group of <25yr as compared with older patient and 4% in age group of >35yr . Majority of the patients were second gravida in this study but there is no significant correlation with age of the patient and complications of caesarean section.

TABLE 2 Distribution according to the parity of patients during caesarean section.

Gravida	No. of patients	% of patients
Primpara	19	38%
Second gravida	31	62%
Multi gravida	-	-

Majority of the patients are second gravida with 31 (62%) cases but there is no significant correlation with the gravidity of the patients.

TABLE 3 Distribution according to nature of caesarean section.

Nature of caesarean section	No. of patients	% of patients
Elective	18	36%
Emergency	32	64%

There is an increase in the incidence of emergency sections in this study 32 (64%) as compared to elective sections 18 (36%) .

TABLE 4 : Distribution of cases according to indications of caesarean section.

Indication	No. of patients	% of patients
Previous c/s	21	42%
Failure to progress	2	4%
Breech	5	10%
Fetal distress	17	34%
Multiple pregnancy	1	2%
APH	4	8%

There is an increased incidence of indication of caesarean section in the case of previous c/s 21 (42%) . Major complications found during this operation are injury to bowel bladder , uterine rupture ,hysterectomy and two fold higher rate of hemorrhage

TABLE 5 : Distribution of cases according to intra operative complication of caesarean section

Intraoperative complication	No. of patients	% of patients
Anaesthetic complication	-	-
Operative Injury	1	2%
Hemorrhage	4	8%
Obstretic hysterectomy	-	-
Venous embolism	-	-

Hemorrhage is the most common complication following caesarean section 4 (8%)

TABLE 6 : Post operative complications

Post op complications	No. of patients	% of patients
Fever	1	2%
UTI	2	4%
Wound infection	3	6%
Paralytic ileus	1	2%

There are more chances of wound infection following caesarean section owing to poor hygiene , poor nutritional status and low socio economic status . In this study 3 (6%) cases suffered as a major complication of caesarean section. Other major complications are postpartum hemorrhage, anaesthetic complications, postpartum sepsis,subacute obstruction, abdominal distention, but these complications were not found in our patients.

DISCUSSION

It is generally accepted that elective c section is better in terms of morbidity than one performed as an emergency .

The relationship with the age with the type of CS is difficult to decipher. However there is an increased frequency of emergency CS in young patients in this environment is rather remarkable. This may indicate the tendency to allow vaginal deliveries with a view of preserving their future reproductive performances and only restoring to CS when there is a threat of danger to either the patient or her baby. On the other hand it is accepted that the older patients tend to have more precious CS which may automatically necessitate elective CS

One of the goals of ANC is to reduce pregnancy complications which may warrant emergency CS. In an emergency , the easiest and fastest route to shorten the operative time is always considered first . So there is more chance of operative injury and hemorrhage. Post operatively , there is greater incidence of fever , urinary tract infections and wound infections in emergency sections rather than elective ones.

It is common for the emergency operations to be undertaken when the patient has been in labor, membranes have been ruptured over a period of time and several vaginal examinations have been performed, thereby introducing potential sources of post operative sepsis.

CONCLUSION

In a Nutshell , planned sections provide very minimal risk to the patient as compared to the emergency sections . Antenatal visits should be regularized to minimize the source of emergency CS . Every effort should be made to pick up the cases where vaginal delivery would not be possible like big baby , small pelvis etc . that may indicate the need for caesarean sections , in order to reduce the incidence of failed labor that will end up in emergency CS It is possible however that this approach may neither increase nor decrease out CS rates and rated complications.

REFERENCE

- 1: Myerscough P.R Munro Kerr's operative 10th edition , London 1992
- 2: Gibbs CE planned vaginal delivery following caesarean section 2: Patek E Larson B caesarean section, a clinical study with special reference to the increasing section rate. ACTA OBSTET , GYNECOL , SCAND 1998-245-8
- 4:Williams obstetrics 23rd edition : caesarean delivery and peripartum hysterectomy. 5: Williams obstetrics 23rd edition : chapter 26 : prior caesarean section : 8-546
- 6: Trolle D . The history of caesarean section . Copenhagen C .A Rietzel 1992